

under the Florida Medicaid Program; this includes:

- (1) Provision of screening services according to the periodicity schedule as established by the Department, which is at least once every fiscal year for those 0 - 5 years of age and, after the initial screening, at least once every three years for those 6 - 20 years of age;
- (2) Assure that a "Request for an Additional Screening" form be signed for all screenings requested prior to the date of the next scheduled screening date according to the periodicity schedule; the form must be signed by the parent or guardian of the individual (0 - 17 years of age), or by the individual (18 - 20 years of age);
- (3) Assure that each screening is provided in accordance with the Department's screening plan (Attachment I);
- (4) Assure that all immunizations and boosters are up-to-date for all individuals 0 through 20 years of age;
- (5) Submission to the OPCLS Laboratory(s) (State) work required by the screening process;
- (6) Performance of all necessary referral and follow-up in accordance with the attached plan (Attachment II);
- (7) Notification to the local SES Office through use of a referral form, such as the HRS-SES-4042, of any diagnosis and/or treatment given to the individual.

- D. Insure that the procedures for billing purposes as outlined in the EPSDT Manual are followed.
- E. Insure the completion and submission, if required, of all required reports; these include:
- (1) The monthly report (Attachment III) which is to be submitted to HRS District II SES-Medical Services through the District II Health Program Office by the 10th of the following month for the previous month; the report must indicate by age group (0 - 5, 6 - 20, and 0 - 20) and by county, the total number of children screened, the health defects identified and the referrals and other defects identified;
  - (2) The monthly immunization utilization report (HRS-1001) which is to be submitted to the appropriate health department no later than the third business day of the month following the month reported.
  - (3) Reports showing the extent of services provided to eligible children receiving initial and periodic screening services are maintained for continuity of care, for avoidance of unnecessary repetition, and assurance that such records are available for inspection audit by authorized representatives of the Comptroller General of the United States, the Department of Health, Education and Welfare, and/or Medical Services, as necessary.

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F. Insure that the following administrative procedures are implemented:

- (1) Request in writing or verbally, followed by a written request, to the District SES-Medical Services Coordinator any needed interpretation of Medicaid policy, regarding screening, diagnosis, and treatment services provided for under the EPSDT Program;
- (2) Copy the HRS Central Health Program Office, CMS Program Office, and Medical Services on all written requests for policy interpretation;
- (3) Establish internal procedures within the District II CMS Office for the implementation of the project; submit a copy of the original and all subsequent changes, to the District II Pilot Project Committee, HRS Central CMS Program Office, Health Program Office, and Medical Services. This must be approved by the above offices to determine that methodology is in compliance with rules, regulations and policies governing the EPSDT Program;
- (4) Submit to HRS Central Medical Services, copying the SES-Medical Services HRS District II Office, for distribution to System Development Corporation (SDC) an initial list and monthly lists of all additions/deletions of the CMS/Medicaid eligible

individuals for all pilot project counties; submit all subsequent lists by the 20th of each month for that month. Submit in writing to the respective county health department on a monthly basis a list of all additions/deletions to the caseload, submit the monthly report, indicating such.

1. The HRS District II SES-Medical Services Coordinator will respond in writing, submitting a copy of the response to the District Pilot Project Committee, Central Offices of CMS, Health, and Medical Services, to all policy questions from the CMS District II Office.
2. The District Pilot Project Committee will:
  - A. Monitor the project to assure that CMS, Health (including county health departments), SES-Medical Services are in compliance with the terms of this agreement and in compliance with the rules and regulations which govern the EPSDT Program;
  - B. Serve as the liaison between the local staff and the Central Office staff, as indicated throughout this agreement;
  - C. Submit to the HRS Central Offices of Medical Services, CMS and Health by the 30th of each month a monthly report of the progress of the pilot project, including all problems entailed and corresponding solutions;

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D. Insure that all policy/procedure changes are implemented by the CMS District II Office.

II. The District II Health Program Office will:

A. Monitor jointly with the Central Health Program Office to assure that, when notified by CMS of any additions/deletions to the CMS/Medicaid caseload, each respective county health unit will update their monthly eligibility list.

III. The District II Social and Economic Services-Medical Services Program Office will:

- A. Assure that parents or guardians of eligible individuals and or eligible individuals are informed of the availability of initial and periodic screening services, that arrangements are made for eligible individuals to receive these services, and that parents, guardians and/or eligible individuals are counseled on the benefits of screening and follow-up diagnostic and treatment services.
- B. Assure that parents, guardians or eligible individuals are informed of the availability of collateral social services such as transportation and that such services are provided or arranged for when requested.
- C. SES will supervise the administration of the local SES offices to assure that eligible individuals are advised of the need to present the card for any medical appointment.
- D. The local SES offices will make arrangements for support services for CMS/Medicaid eligible individuals when requested.

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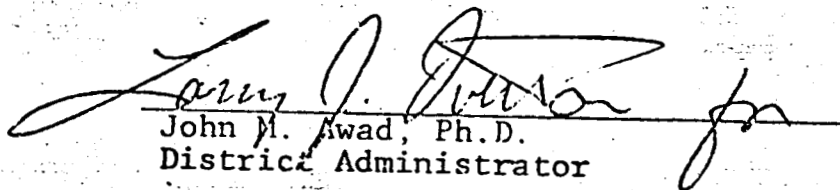
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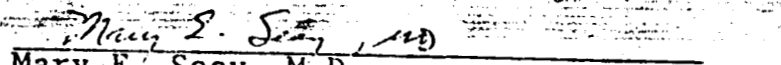
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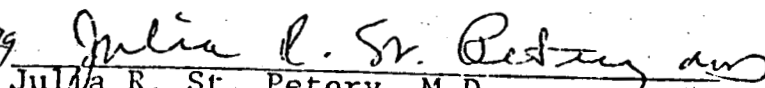
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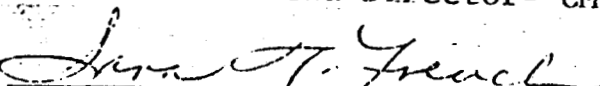
IV. Children's Medical Services, Social and Economic-Medical Services, and Health agree to work cooperatively to assure maximum coordination of existing screening, diagnostic and treatment services to avoid duplication of such services under the program.


This agreement, which is an addendum to the Central Office agreement, by and between Children's Medical Services, Health, and Social and Economic Services-Medical Services, is effective when signed and shall continue in full force and effect until otherwise revised in writing and signed by all three parties, or cancelled by any of the above parties upon written notice of at least thirty (30) days prior to proposed termination date. This agreement is to be reviewed at least annually by all parties involved.

  
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District Administrator

  
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Medical Director/Program Supervisor-CMS

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